

## CLAIMS ONLY

Application Number

0918107363

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17	/					
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33	/					
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49	/					
50		/				
Total Indep	4					
Total Depend	46	←	←	←		
Total Claims	50					

51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/-				
61		/-				
62		/-				
63		/-				
64		/-				
65	/					
66	/					
67		/-				
68		/-				
69		/-				
70		/-				
71		/-				
72		/				
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	2					
Total Depend	20	←	←	←		
Total Claims	22					

22  
72